

TOWNSEND and TOWNSEND and CREW LLP
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Atty. Docket No. 00287S-004830

Date February 13, 1998

In re application of:

PHILIP S. GREEN

I hereby certify that this is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

08/709,965

Assistant Commissioner for Patents
Washington, D. C. 20231.

September 9, 1996

Date: February 13, 1998

2713
ENDOSCOPIC SURGICAL
INSTRUMENT AND METHOD
FOR USE (AS AMENDED)

Rhonda J. Stine
Rhonda J. Stine

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ Enclosed is a petition to extend time to respond.☒ Enclosed is a Supplemental Information Disclosure Statement & PTO Form 1449, w/ cited Ref. AA.☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.☐ If any extension of time is needed, then this response should be considered a petition therefor.

The filing fee has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) | SMALL ENTITY | | OR | OTHER THAN A SMALL ENTITY | |
|--|----------------------------------|----------|---------------------------------|---------------|--------------|------------|----|---------------------------|------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. FEE | | RATE | ADDIT. FEE |
| TOTAL | 32 | MINUS | 21 | =11 | 11x11= | \$121.00 | | x22= | \$ |
| INDEP. | 6 | MINUS | 3 | = 3 | 3x41= | \$123.00 | | x82= | \$ |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | +135= | \$ 0.00 | | +270= | \$ |
| | | | | | TOTAL | \$244.00 | OR | TOTAL | \$ |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

☒ Claims fee \$ 244.00
☒ Any additional fees associated with this paper or during the pendency of this application.

2 Extra copies of this sheet are enclosed.

TOWNSEND and TOWNSEND and CREW LLP

Mark D. Barrish

Mark D. Barrish, Reg. No.: 36,443

Attorneys for Applicant

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